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Art. I.—ON A GENUS OF ACEPHALOUS PEOPLE IN ETHIOPIA, AS DESCRIBED BY ST. AUGUSTINE.

BY JOHN REDMAN COXE, M. D.

Formerly Professor of Chemistry in the University of Pennsylvania.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

Dear Sir,—It is rather surprising that an asserted fact of Sir John Mandeville, the celebrated traveller, of his having met with men in the course of his travels whose heads were placed beneath their shoulders, should have ranked him foremost in the list of lying historians, whilst a similar tale had long before his time (from 1300 to 1370) been communicated to the world under the high authority of Pliny, and even of a father of the church, the venerable St. Augustine.

As I find the circumstance adverted to in more than one medical author—and as, moreover, it is in itself connected with some of the branches of medicine, I believe a short statement of it will be legitimately an object of your journal, and if it does not instruct, may at least amuse, your readers.

In a curious old work of Gaspar a Reies Franco, printed at Brussels, 1661, entitled "Elysius jucundarum quæstionum campus omnium literarum," &c., amongst one hundred questions proposed and considered, both in law, physic, and divinity, is the following, constituting the 31st, at p. 218:—"An capite præciso vivere possit animal, saltem per breve tempus; an ad aliquod spatium progredi? et an recisum caput loqui naturaliter possit?" All which are separately investigated, and the references to various authorities, on both sides, are numerous, and very particularly noted.

Without entering into details, it is sufficient to state, that certain cases of decapitated persons walking, are admitted as of a miraculous character, such as Dionysius the areopagite, and the Saints Quiteria and Victoria; but on which, from being of this miraculous character, he does not reason. The case of insects mutilated and living after decollation, and other instances of men losing their heads in battle, yet continuing for some moments their progress onwards before falling, are stated, and authorities quoted,—yet not without some troublesome qualms as to a perfect belief! though the author very kindly refers them all to the judgment of others; and he proceeds to notice the cases of acephalous monsters, referred to by Paré, Schenckius, Licetus, and Aldrovandus, who give various histories of such cases, "quæ sine capite nata, non tamen propterea sensu et motu carebant, dum viva manere visa sunt." Although not seeming to yield implicit faith, even to the authorities he adduces, he goes on to state from that of Huldericus, that in the kingdom of Guiana, a genus of acephalous men are living, "oculis et facie in pectore collocatis;" and which, he tells us, Pliny confirms, (liber 5, cap. 8) in his statement of a genus of men at Mount Milo in Asia, who live, "sine capite;" and likewise of the Blemmii, who, he says, "capita illis abesse, ore et oculis pectori affixis." To these our author (Reies) brings forward the high authority of St. Augustine, as follows: "quod ne quis

fabulosum putet [referring to the above statements of Pliny, &c.] credendum D. Augustino, qui Serm. 37 hoc habet."—"Ego jam Episcopus Hipponensis eram, et cum quibusdam Christi Servis, ad Æthiopiam perrexi, ut eis Christi Evangelium prædicarem; et vidimus ibi *multos homines et mulieres capita non habentes, sed oculos in pectore!*"

I was absolutely overpowered by this statement given from the *personal* observation of not merely the saint himself, but all his Christian brethren; and was led to doubt the correctness of the quotation; although the fact is referred to in the 7th Satyra of D. G. Franck, (p. 135 of his Satyræ Medicæ, printed at Leipsic, 1722,) and in which other authorities, &c. beyond those mentioned by Reies, are carefully enumerated. I was led also to recollect what is said by his biographers of his propensities for the marvellous, &c. in his youth.[1] Having fortunately an edition of his writings, I hastened to remove my doubts on the subject,—and in his work entitled "Sermones ad Fratres in Eremo," (Ed. Fol. Bl. let. Paris, 1516) Serm. 37, p. 17, I found it nearly as Reies quotes, but in still stronger terms, viz. "*Ecce* ego jam Episcopus Hipponensis eram, et cum quibusdam Servis Christi ad Æthiopiam perrexi ut eis sanctum Christi evangelium prædicarem; et vidimus ibi multos homines ac mulieres capita non habentes, sed oculos *grossos fixos in pectore, cætera membra æqualia nobis habentes;*" and a few lines further on he adds, "vidimus et in inferioribus partibus Æthiopiæ homines *unum oculum* tantum in fronte habentes." &c.

We perceive, then, that in this Sermo, which is headed "De Fornicatione," St. Augustine stands on his own responsibility in the affirmation made; and, as he lived from about 350 to 430, he is apparently the first *Christian* authority (Pliny being nearly three centuries before him,) for acephalous people; and Sir John Mandeville must no longer bear the aspersions thrown upon him.

I must add, that Reies, anxious for the credit of so holy a man, yet not daring to dissent from him and deny the fact entirely, has attempted a lame kind of explanation, of the possibility of the people seen by St. Augustine having a defect in, or wanting altogether, a *neck;* by which the head being directly affixed to the thorax, would seem, from its necessarily defective motion, to be a part of the body itself! I rather apprehend this does not much mend the matter, as it is not a mere insulated fact of an individual monster, but of a whole nation, or genus. Besides, as the saint also affirms to a genus of monoculi, or one-eyed people, like Polyphemus and his brethren, we fear we may safely add, with Butler, that

> "He needs optics sharp, I ween,
> That sees what is not to be seen!"

I presume the extraordinary standing of this great man cannot for an instant be shaken by a little of that invention which has always attached itself to the *traveller;* and few appear to have traversed more extensively than St. Augustine, the "antres vast," &c., of Africa, where miracles and magic have always been prevalent.

How these good people managed without a nose, we are not told by any of their biographers. However, if the reader wishes to see some of the remarkable people of former ages, (at least their pictures,) he may have that pleasure in old Munster's "Cosmographia," (p. 1080, Ed. 1550,) as well as of all those other strange varieties of the human race enumerated by different writers. Those engravings are indeed copied from others of an earlier date, since we find them in a work entitled "Margarita Philosophica," (Basil 1508, black letter and without paging,) liber 9, cap. 40; a work of an extraordinary character, and something of the nature of an encyclopedia, in question and answer,—touching almost every branch of art and science, from the

[1] Biogr. Dict.—under head of Augustine. Also, "Robinson's History of Baptism," 4to, 1790, London, in which the life of Augustine is very well sketched, as also in Bayle; all proving him to have been, in early life, by no means exempt from failings.

horn-book to metaphysics. In it, among other singular engravings, we have the outline of the skull, *divided into partitions*, or compartments, for the then admitted faculties of the mind, &c., being one of the earliest attempts of a phrenological map,—three centuries prior to Gall and Spurzheim.

If the above remarks are not incompatible with the arrangement of your journal, they are much at your service. Yours respectfully,

JOHN REDMAN COXE.

DR. DUNGLISON. *April* 4, 1837.

Since writing the above I have met with another "fact" equally confirmed by undoubted testimony, viz. that of the senate of the city of Ulm,—of a horrid monster, born without a head, and having a mouth in its left shoulder, and in the right an ear, &c. This monster is stated to have been the product of an intercourse between the devil and a certain female, to whom he appeared in the shape of her husband. The event is stated as occurring in 1565, and the particulars are given from the aforesaid authority, in the 2d vol. of J. Wolffius. "Lectiones Memorabiles et Reconditæ." Frankfort, 1671. p. 907.

ART. II.—ON THE INFLUENZA.

BY DRS. J. RADIUS,[1] AND G. GLUGE.[2]

We have before us—recently received from Germany—two essays on the influenza; both, however, written before the prevalence of the recent visitation of this epidemic in Great Britain and on the continent of Europe. Of this last we shall doubtless soon receive full details from some of the medical authors of Europe. The first of these essays is a history of the epidemic of 1833, and of the writers who have described it. The latter is on the influenza in general, in which we have the literary as well as scientific history fully considered.

The names given to this affection in different countries, and in the same country, have been various.

In Germany, it has been called Spanischer Ziep, Pips (epidemic of 1580), Schafhusten (sheep cough), Modekrankheit (fashionable disease), *morbus vervecinus*, *M. Arietis*, and Hünerweh, *cephalalgia contagiosa* (epidemics of the 16th and 17th centuries).

In France, *Tac* (a stroke), *Ladendo*, *Quinte* (used also for *hooping-cough*), *Florion* (a violent stroke), *coqueluche* (until into the 16th century; it now means *hooping-cough*), *Baraquette*, *Générale*, *Grippe*, (the common name in France at this time), *Follette*, *Grenade*, *Coquette*, *Petite Poste*, *Petit Courier*, and *Allure*.

In Italy, *Il cortesivo coculueo* (until into the 16th century), *Mal del castrone*, *Moutone*, (so called from the tone of the voice), *Mazuchi*, and *Morbo russo*.

In Spain, *Catarrho epidemico*.

In England and America, *Influenza* (in the 18th century, Huxham), and *Epidemic Catarrh*.

The Italians have employed the word *influenza* for other epidemics, and this is the reason why, in the chronology given by Zeviani, it appears to

[1] De Influentia Morbi Anni MDCCCXXXIII. Commentatio qua viro excellentissimo experientissimo Car. Gottlobo Kuehn, P. P. O. Doctoratus in Medicina impetrati semisecularia gratulatur interprete Justo Radius Societas Medica Lipsiensis. 4to. pp. 22. Lips., 1833.

[2] Die Grippe oder Influenza. In Hecker's "Neue wissenschaftliche Annalen der gesammten Heilkunde." Band. iii. Heft 2. p. 229.

have recurred more frequently than in that of other historians. The following dates of the recurrence of influenza, to the commencement of this century, are on the authorities of four different medical chronologists.:—

Most.—1712, 1729, 1732, 1743, 1762, 1782, 1800.
Saillant.—1510, 1557, 1558, 1574, 1580, 1658, 1669, 1676, 1729, 1732, 1733, 1734, 1735, 1736, 1737, 1741, 1742, 1743, 1761, 1775, 1780.
Webster.—1510, 1557, 1580, 1587, 1591, 1597, 1602, 1610, 1647, 1650, 1655, 1658, 1675, 1679, 1680, 1688, 1693, 1697, 1698, 1708, 1709, 1712, 1729, 1730, 1733, 1737, 1743, 1747, 1755, 1757, 1762, 1767, 1772, 1775, 1781, 1782, 1788, 1789, 1790, 1795, 1797.
Zeviani.—1239, 1311, 1323, 1327, 1358, 1387, 1400, 1410, 1414, 1438, 1482, 1505, 1510, 1543, 1557, 1562, 1574, 1578, 1580, 1591, 1593, 1597, 1617, 1622, 1658, 1663, 1669, 1675, 1679, 1691, 1709, 1711, 1729, 1733, 1737, 1743, 1762, 1782, 1788.

Dr Gluge, from his investigation of this matter, considers that the following is the chronological order of the return of the true influenza:—

14th	century,	1323, 1326.
15th	"	1410, 1411, 1414.
16th	"	1510, 1557, 1562, 1574, 1580, 1593.
17th	"	1658, 1669, 1675, 1693.
18th	"	1708, 1712, 1729, 1732, 1733, 1742, 1743, 1761, 1762, 1775, 1776.
19th	"	1800, 1803, 1831, 1833.

Art. III.—NOTE ON THE CONSOLIDATION OF COPAIBA

BY MR. AUGUSTINE DUHAMEL. ELEVE OF MR. DURAND, PHARMACIEN, PHILADA.

To solidify this substance, it is directed to mix the liquid resin, or juice —improperly called balsam of copaiba—with one sixteenth of its weight of pure magnesia. Now, it is doubtless well known, that it is not all the copaiba of the shops that will solidify; two thirds in fact will not,—from being recent and abounding in volatile oil. That which will solidify readily is of a reddish brown colour, and is less fluid, owing to the loss, by volatilisation, of its oil, and it requires not more than one or two hours to concrete with magnesia; whilst the fresh—which is very fluid and of a pale yellowish hue—sometimes takes several months to form a mass sufficiently hard to make pills that will retain their form. If these pills owe their solidification to the union of magnesia with the resin of copaiba which has lost nearly all its volatile oil, constituting a large, and its active portion, they form a preparation which may reasonably be deemed inactive; and the more so, as—from their insolubility—they pass off by the bowels without alteration. Cases have been mentioned where an emetic had caused the rejection of a quantity of these pills—the whole number taken—in a solid state, and evincing no very sensible action upon them by the fluids of the stomach.

These pills, on their introduction into medical practice, owing to their facility of administration, were thought a pleasant and useful succedaneum for the liquid copaiba, which is so loathsome and disagreeable to the taste, and were esteemed highly efficacious in gonorrhœa, &c., but they have failed to answer these high expectations. Recently, the copaiba pills have been superseded by a new preparation, bearing the name of "Gelatinous Capsules," patented by M. Mothes, of Paris. They are composed of edulcorated gelatine, are of an oval form, and contain from ten to twenty drops each of pure copaiba, without any admixture. They are taken in the dose of one or two, repeated three times a day, simply moistened with water and

then swallowed. As they can be introduced into the stomach without odour or taste, they form the most pleasant mode of taking copaiba that has yet been discovered.

In the administration of copaiba in affections of the chest, physicians have been obliged to combat the repugnance manifested towards it by delicate females; for invention has been exhausted, without success, in the endeavour to find out some method of completely disguising its taste, without impairing its medicinal properties. This difficulty is now happily obviated, and the faculty are indebted for this important acquisition to the zeal of the pharmaceutic profession.[1]

Art. IV.—GRADUATES OF NEW YORK.

Two commencements are held annually at the College of Physicians and Surgeons of New York—one in April and the other in October. This will make the total amount of graduates for the year larger than it would appear to be from the following list:—

The spring commencement of the College of Physicians and Surgeons of New York was celebrated on the 4th inst., when the following gentlemen were invested with the honours and privileges of the degree of doctor of medicine, and were addressed by the president of the college, Dr. J. Augustine Smith, on the duties, difficulties and responsibilities of their profession.

Pierre A. Allaire, Acute Hydrocephalus.
Philemon Baker, Early History of Medicine.
Michael Castle, Influence of Dress on Health.
Wm. A. Butler, Hepatitis.
George Adam, Peculiarities of the Fœtus.
J. Delano, Jr., Anthelmintics.
P. E. Elmendorf, Tobacco.
Arthur B. Stout, Cataract.
Erasmus D. Fish, Indigestion.
George Rex, Pertussis.
J. S. Kilbourne, Human Voice.
Jas. B. Nelson, Scarlatina.
Wm. S. Tompkins, Strictures of Urethra.
Robt. Armistead, Dysentery.
Lawrence E. Van Buskirk, Lithotomy.
E. S. Sheffield, Hydrocephalus.
J. W. B. Greenhow, Opium.
Samuel J. Weldon, Anthracite Coal.
J. S. L. Tonelier, Phthisis.
Wm. S. Thompson, Cold.

The ceremonies of the occasion were introduced and closed with prayer by the Rev. Dr. Schroeder.

Art. V.—PUNCTURATION IN THE CURE OF HYDROCELE.

BY T. KING, ESQ.
Lecturer on Anatomy and Surgery at the Blenheim street School of Medicine.

Mr. King has given an account[2] of Mr. Lewis's mode of treating hydrocele, which consists in carrying a common sewing needle (of the size used to sew a button to a shirt) through the skin, dartos and cremaster, into the bag containing the fluid; so that a drop of this follows the instrument as it is withdrawn. It is performed in nearly the same manner as the ordinary method of tapping with a trocar, except that the needle, which should be oiled, cannot be plunged in so easily as that instrument. Mr. King suggests, that the needle should be fixed in a handle, by which means it can be made to enter with comparative facility.

"It sometimes requires to be rotated between the finger and thumb as it is pressed through the different tissues it has to traverse. The same precau-

[1] We shall take an early opportunity for noticing the mode in which these *capsules gélatineux* are made.—*Ed.*

[2] British Annals of Medicine, No. 1, p. 13

tions are necessary to ascertain the relative position of the testicle and the fluid; which, omitted, or entrusted to any but a surgeon, would make this operation dangerous, inasmuch as the testicle would be exposed to injury. It is important also that the operator should grasp that part of the tumour formed by the dropsy as much as possible apart from the testicle, so as to be able to give, by pressure, that tenseness to the skin which is necessary for the easy penetration of the instrument. This he should continue to do while he withdraws the needle, to which, in its passage out, he should give some rotary motions on its axis. The removal of the needle will leave one drop of the liquid from the tunica vaginalis on the skin. The appearance of a drop of the fluid at the top of the little wound is the test of the operation being well performed. It is a demonstration that the bag has been perforated, and that its contents can find their way out; and should it not take place, another puncture must be made. Care must be taken to press in the needle perpendicularly, and to rotate it well after it has entered the tunica vaginalis; otherwise the opening will not admit of the passage of the fluid from it.

"After the operation, a compress moistened with a discutient lotion, may be kept on the scrotum, and the patient may walk about or take rest, as best may suit him.

"The phenomena which present themselves in a few hours are very remarkable:—The swelling begins to be less circumscribed, and to lose its tenseness, and the cellular tissue of the scrotum becomes gradually more and more infiltrated with the fluid which before distended the tunica vaginalis, and which, in the space of from twenty-four to forty-eight hours, will have entirely changed place. In five or six days this infiltration disappears, and the patient is cured. These effects explain the process by which a cure is obtained.

"This process well deserves attention. It appears that the fluid very gradually oozes from the serous sac into the cellular tissue, making its way from one cell to another, till at last an anasarca of the scrotum is substituted for the circumscribed dropsy of the tunica vaginalis. At the same time that the cellular tissue is filling, the serous sac gradually returns upon itself—an effect of the utmost importance as regards the ultimate result; for it appears that by this gradual contraction it loses more or less completely the condition necessary for the reproduction of the fluid, and yet remains unclosed, so as to exercise its proper functions. Probably the contraction is not wholly active—is not alone the result of the contractility of tissue belonging to the tunica vaginalis combined with the action of the cremaster muscle. We believe the pressure of the fluid may have something to do with it; for be it observed, the liquid, once out of the sac, presses on its exterior, and becomes an obstacle to its future distension. Each drop, as it oozes from the bag, becomes a force which helps to squeeze out that which is to follow: and thus has Mr. Lewis achieved a victory perhaps never before gained, by making the product of a disease battle against the disease itself. Once distributed in the cellular tissue, the fluid is quickly removed by the absorbents.

"We wish now to recommend this operation to the consideration of the profession; first, as regards the treatment of hydrocele, and in comparison with other plans of cure; and, secondly, as regards the effect which the physiological fact it reveals may have on the management of more serious dropsies, and perhaps of some other diseases.

"The striking, the paramount advantage of this plan, if we have judged correctly of its mode of action, is, that it effects a cure by restoring the diseased organ to its natural state. It realises the principle of sound therapeutics—that the first object in the treatment of disease should be, not to obviate its inconvenience by inducing an unnatural, permanent alteration in the affected parts, but to bring them back to their original state. Almost all the other methods of cure act in an opposite manner, and substitute an artificial for the natural state of the diseased organ: in other words, they substitute for the primary disease, another, (minor if you will,) but still a disease. They close up the tunica vaginalis permanently, by gluing its sides together:

they rob an important organ of an important part of its apparatus, by converting its serous investment, destined among other purposes to surround it with an atmosphere of fluid, into a thick, dry, useless, perhaps injurious, artificial membrane. These are not imaginary evils. Without appealing to experience, which tells us they are not, we think no one will maintain that the serous bag is not useful, almost necessary to the preservation of the testicle in a state of integrity; and, if thus indispensable, to close it must be an evil of rather a serious nature. In every other respect this plan is superior to the others. It is perfectly free from pain and danger, and nothing can equal its simplicity. Compared with it, the methods of treatment by incision, by excision, by seton, or by any mode of provoking adhesion between the sides of the tunica vaginalis, from irritating them with a solid body, will not bear mention. The plan of cure by injection, although far less objectionable than these, is still inferior to that of Mr. Lewis. As we have stated, its principle is bad, inasmuch as it induces permanently an artificial state in an important organ. It leaves the testicle deprived of its natural atmosphere. The inflammation it produces cannot be regulated with certainty, and sometimes becomes dangerously intense or extensive, or excites sympathetically serious disorder in important organs. This objection must have great weight, when it is considered that the testicle itself is often influenced by the state of the tunica vaginalis; and, when sound previously, is often left chronically enlarged after the injection. It is not always successful. It subjects the patient to some pain, and requires that he should be confined for many days or several weeks.

"The only objection we have heard against the method of puncturing with a needle, is, that it may not be efficacious. To this Mr. Lewis answers, that he has found it uniformly successful. We will, however, admit that it may fail in some instances. If so, its failure will probably be limited to those cases in which the tumour is very large, and the tunica vaginalis excessively distended. Here it is not unreasonable to expect that the sac will not contract sufficiently at once to prevent a fresh effusion. But the objection is at once obviated by the fact, that the operation can be repeated as often as may be necessary, without the slightest inconvenience, and that each time the bag will contract more and more; and if less and less fluid be allowed to accumulate before each fresh puncture is made, the disorder will probably be less likely to return than in some cases less formidable, cured by one operation.

"I am disposed to believe, with Mr. Lewis, that his method will effect a radical cure of hydrocele, not only from pathological considerations, and the success he has already obtained, but also from its result in a case I myself lately operated on, and in which he kindly gave me his assistance.

"If, however, contrary to our expectation and belief, further experience should prove it to be inefficient in producing the *radical* cure, as a *palliative* measure it would still be invaluable.

"The other part of the subject—whether or not this operation, with or without modification, may be applied successfully to the treatment of other cases than hydrocele—we shall probably discuss at some future time. We wish, however, to be allowed to express our opinion, that, as far as we are able to judge, it may be fairly tried in other dropsies."

Since the above was in type, we have observed in a late number of the "London Medical Gazette,"[1] a statement from Mr. Travers, claiming priority over Mr. Lewis; to which the latter gentleman replies in a subsequent number, affirming that he "can bring forward evidence, at any time, that the operation had been performed two years before Mr. Travers conceived it, as he terms it."[2]

In the same number is a letter from Mr. Robt. Keate,[3] who states that it

[1] Feb. 11, 1837, p. 737. [2] Feb. 18, 1837, p. 788. [3] Ibid, p. 789.

tions are necessary to ascertain the relative position of the testicle and the fluid; which, omitted, or entrusted to any but a surgeon, would make this operation dangerous, inasmuch as the testicle would be exposed to injury. It is important also that the operator should grasp that part of the tumour formed by the dropsy as much as possible apart from the testicle, so as to be able to give, by pressure, that tenseness to the skin which is necessary for the easy penetration of the instrument. This he should continue to do while he withdraws the needle, to which, in its passage out, he should give some rotary motions on its axis. The removal of the needle will leave one drop of the liquid from the tunica vaginalis on the skin. The appearance of a drop of the fluid at the top of the little wound is the test of the operation being well performed. It is a demonstration that the bag has been perforated, and that its contents can find their way out; and should it not take place, another puncture must be made. Care must be taken to press in the needle perpendicularly, and to rotate it well after it has entered the tunica vaginalis; otherwise the opening will not admit of the passage of the fluid from it.

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"I am disposed to believe, with Mr. Lewis, that his method will effect a radical cure of hydrocele, not only from pathological considerations, and the success he has already obtained, but also from its result in a case I myself lately operated on, and in which he kindly gave me his assistance.

"If, however, contrary to our expectation and belief, further experience should prove it to be inefficient in producing the *radical* cure, as a *palliative* measure it would still be invaluable.

"The other part of the subject—whether or not this operation, with or without modification, may be applied successfully to the treatment of other cases than hydrocele—we shall probably discuss at some future time. We wish, however, to be allowed to express our opinion, that, as far as we are able to judge, it may be fairly tried in other dropsies."

Since the above was in type, we have observed in a late number of the "London Medical Gazette,"[1] a statement from Mr. Travers, claiming priority over Mr. Lewis; to which the latter gentleman replies in a subsequent number, affirming that he "can bring forward evidence, at any time, that the operation had been performed two years before Mr. Travers conceived it, as he terms it."[2]

In the same number is a letter from Mr. Robt. Keate,[3] who states that it

[1] Feb. 11, 1837, p. 737. [2] Feb. 18, 1837, p. 788. [3] Ibid, p. 789.

was performed twenty years ago by a friend of his, who practised for some years in the city. This gentleman performed the operation on himself, as he was nervous about the injection, and fancied, as he said, that if he could convert ascites into anasarca, absorption from the cellular structure might cure the malady; and in his own case it was perfectly successful. At his suggestion Mr. Keate "tried it frequently, both at the hospital and in private practice; sometimes successfully, but more frequently the collection of fluid in the sac returned, and he frequently found the patients impatient of the numerous punctures, and of the time required for the absorption." Mr. Keate adds, that he remembers to have talked to Sir Astley Cooper on the subject, and, as far as his recollection serves him, the plan did not appear to be new to Sir Astley.

We doubt not that all these gentlemen are entitled to the merit of originality; that they all, in other words, hit upon the same idea.

Mr. Lewis first introduced the method as a palliative cure, but he has seen cases where a radical cure was effected by the simple operation of puncturation. The method of puncturation, he says, for the radical cure of hydrocele differs in some respects from the palliative; and as soon as he has satisfied his mind on the subject, he promises to publish the results.

Art. VI.—RATIO OF FOOT PRESENTATIONS.

In the article "Foot Presentations" (Fusgeburt), of the "Encyclopädisches Wörterbuch der medicinischen Wissenschaften," lately received from Bremen,—by Professor Ulsamer, of Landshut, we have the following table of the ratio of foot presentations occurring in different lying-in establishments. The last column, which shows the proportion in 10,000, we have added.

Institution.	Director.	Time.		Number of births.	No. of foot presentations.	Ratio in 10,000 cases.
Bamberg	Schilling	from 1818	to 1820	309	7	226
Berlin	Von Siebold	1817	1828	1811	16	88
Dresden	Carus	1825	1828	1019	30	284
Giessen	Ritgen.	1814	1818	285	4	140
Landshut	Ulsamer	1830	1833	361	5	138
Marburg	Busch	1821	1826	688	1	14
München	Berger and Weissbrod	1814	1826	4996	32	64
Paris	Baudelocque			16286	215	132
	Lachapelle	1802	1820	37895	538	142
Prague				10053	66	6½
Strassburg	Lobstein	1804	1814	697	10	143
Vienna	Boer	1807	1822	20299	162	80
Würzburg	d'Outrepont	1818	1822	1299	23	180
		1825	1828			
				95998	1109	115

We may add that Merriman met with 23 cases in 1800, that is in the

ratio of 127 in 10,000; Bland 18 cases in 1897, that is 95 in 10,000;[1] and Collins,[2] 137 in 16,434, or 83 in 10,000.

It is singular, that a physical phenomenon like this should differ so much as regards the frequency of its occurrence in different places.

Art. VII.—INFLUENCE OF PREGNANCY ON TUBERCULAR DEVELOPMENT.

BY S. A. COOK, M. D.

Mr. Adam Waldie. Buskirk's Bridge, N. Y., 25th April, 1837.

Sir,—If Prof. Dunglison should think the following observations worthy of a place in the "Medical Intelligencer," they are at your service.

With respect,

S. A. Cook, M. D.

The influence which a state of pregnancy exercises on the tubercular habit, has not, as far as I am acquainted, received much of the attention of writers. With the majority of the profession an opinion prevails, that it is favourable to health where a predisposition exists; and retards its progress where the disease is already formed. On this subject M. Louis (Path. Res. on Phthisis, Par. 362) makes the following remarks: "We have not been able to decide whether pregnancy is capable of retarding the progress of phthisis; it is indeed evident that numerous facts are required, and several years of observation in a lying-in hospital, before we can have any positive information on the subject. We may however observe, that perhaps there has been some error and confusion among those who have hitherto admitted such an influence. It is indeed possible that many of the symptoms of phthisis were less prominent during pregnancy, while the progress of the disease was really unaffected. On the other hand it is not impossible that, after labour, the progress of phthisis should be accelerated; and this may, to a certain extent, have given rise to the impression. Is it probable that pregnancy, itself a cause of dyspnœa, should procrastinate the duration of phthisis, in which dyspnœa is always a more or less troublesome symptom, whenever the patient uses any exertion." Although M. Louis, in the above extract, questions the truth of the generally received opinion, and very properly leaves it for the decision of future and more extensive observation, with the hope of calling the attention of the profession to this interesting subject, I will present the history of a few cases illustrating this point, that have fallen under my consideration.

Case 1. July 18th, 1832.—Called to visit Mrs. Sarah Wheeler, as advice to Dr. J. W. Richards. Found her labouring under the ordinary symptoms of phthisis pulmonalis, viz. cough, muco-purulent expectoration, emaciation, night sweats, and hectic fever; which symptoms I learned had commenced several weeks previous to an unnatural termination of utero-gestation; was informed that she had been *enceinte* eight times during the last nine years; that several of these pregnancies had terminated by abortion; and that no one of her children, born at or near the full period, had lived more than three weeks. From this train of symptoms she gradually recovered, and enjoyed a succeeding winter of tolerable health. April 7, 1833.—Again called to see Mrs. Wheeler. She has darting pains through the chest, a slight hacking cough with expectoration in the morning. Skin dry; bowels costive; is *enceinte;* advanced to the commencement of the fourth month. From this time the common symptoms of phthisis appeared in succession; and, emaciated to a skeleton, she died the latter part of the succeeding September, two weeks after giving birth to a living child.

[1] *Velpeau*, in Traité élémentaire de l'art des Accouchemens. Paris, 1829. p. 513. Or the translation by Dr. Meigs. Philadelphia, 1831.

[2] A Practical Treatise on Midwifery, &c. London, 1835.

Case 2. Mrs. Mary Ann Smith, sister to the preceding subject, aborted during the sixth month of pregnancy, April 5, 1832; was delivered at the full period, July 10, 1833; and again July 14, 1834. During these three pregnancies, she suffered from acute pain in the left side of the chest; hard and dry cough; frequent pulse; bloated and pallid countenance; obtaining but little relief from any treatment; bleeding affording the most, and that being only temporary. During the interval between the first and second, and second and third of these pregnancies, her health improved considerably; but, after the termination of the third, (the first time she had nursed,) her symptoms remained stationary until the next spring, when I lost sight of her; the family moving to the western part of the state.

Case 3.--Mrs. Katharine Morris, of a phthisical family. Saw her first, Dec. 24, 1834, as advice to her attending physician, Dr. P. V. N. Morris. Is *enceinte* the fifth time; has the following symptoms: cough severe and with little intermission; expectoration profuse in the morning, and free through the day; a regular paroxysm of hectic twice daily; sweats profuse; emaciation has been rapid; respiration hurried, and difficult on first lying down; pulse from 120 to 130 per minute, during the fever,—rarely less than a hundred at any time; tenderness below the left clavicle, confined to circumscribed spots. Diagnosis at the time, taken from notes. "Our opinion is, that the case is acute phthisis, and will probably soon prove fatal." Jan. 9, 1834. Premature labour came on to-day; supposes herself at about the commencement of the seventh month. From this time her phthisical symptoms gradually declined; and, the succeeding summer, she was so far restored as to walk about the neighbourhood as usual. She has removed from this vicinity, but I am told that her health is tolerable. The baleful influence of pregnancy in this case is demonstrated as perfectly as a single case can demonstrate it, by the favourable change that immediately followed its termination. It suggested the plan adopted in the treatment of the next case.

Case 4.—As this is a case of considerable interest, I shall transfer from my note-book the symptoms and reflections formed at the time, nearly entire. "March 23, 1835. Called to visit Mrs. Freelove Chase, as advice to Dr. Morris. She is *enceinte*, near the completion of the eighth month; has suffered much from nausea during the whole period; and during the last two months has vomited nearly all the nourishment taken. In addition, she has night sweats; diarrhœa; fever; cough, and expectoration of greenish muco-purulent matter; pulse ranges from 80 to 90 the minute; voice entirely lost, being able to articulate only in a whisper. Till within a week past could walk about the room; but is now confined to her bed and chair. Very tender spots below both clavicles; considerable difficulty of respiration, increased on first lying down; is becoming emaciated and losing strength rapidly. Mrs. Chase is thirty years of age; has been married eleven years. This is her seventh pregnancy. She is a sister of the subjects of cases one and two. There is evidently a family predisposition to phthisis; her mother and one other of her sisters have fallen victims to it. She has enjoyed good health to this time, never having had a cough before. I am convinced that pregnancy acts directly or indirectly as the exciting cause of her pulmonary difficulty. 1. Analogy from the cases of her two sisters and Mrs. Morris. 2. In her two sisters, the cough existed during several successive pregnancies, and disappeared soon after their termination, as it did also in Mrs. Morris's case. 3. No one, I think, will doubt that the nausea and vomiting originate in this state; and an evidence of their common origin is found in the fact of their increasing and lessening together. What then is the indication? I believe the only chance to be in the termination of utero-gestation. If the disease have progressed to the production of structural change; if tubercles which are probably formed are softening; if ulceration have taken place in the mucous membrane lining the trachea, larynx, &c.,—all of which there are reasons to fear,—there will be nothing to hope in the way of cure, yet even then a temporary relief may be obtained. The nausea and vomiting will be removed, and the path to death smoothed by the

absence of those more distressing symptoms, which are now rendering even that goal desirable. But if these changes have not taken place, and she be yet within the pale of possible cure; does not the speedy termination of this state offer the most rational prospect? I am induced to believe that it does. But allowing that the lungs were not diseased, and that the emaciation, &c. were caused by the constant vomiting; that alone would justify the induction of premature labour. On the contrary, what will be the consequence of delay? Nature will terminate this state unassisted in a month or a little more. Yet if our views be correct what will be gained? The patient, by that time, if not at present, will be beyond the reach of art. The disease is constantly advancing, while the recuperative powers of the system are wasting. The child's chance for life will not be materially lessened by the operation. I therefore advise the immediate induction of premature labour." Dr. Morris, concurring in opinion, ruptured the membranes on the morning of the 25th, and she gave birth to a living male child, twenty-two hours after the operation. It is unnecessary to follow this case farther in detail. As soon as the first effects of labour were passed, she recruited so much as to flatter her friends and herself with the hope of recovery. Nausea and vomiting disappeared; cough, expectoration, sweats, &c., lessened; her voice improved; and, at the end of a month, her prospects were flattering. But the disease had obtained too firm a footing; from this time she gradually declined, and died about eight weeks after delivery.

Case 5.—Diadama Smith, aged eighteen years, of a slight delicate form, light thin skin, flaxen hair, and blue eyes, is *enceinte* the third time, and supposes herself near the middle of the fifth month. Thinks that she felt motion a day or two since. Oct. 22, 1835. She has had for a week past a sense of fulness about the chest, attended with cough, restlessness, and flushed cheeks, increased during the forenoon; and this morning, while the daily paroxysm was in the ascendant, she was attacked with profuse hæmoptysis. Has lost, I should think, a quart of blood. While examining her case, the blood starts from her mouth and nostrils in full stream, attended with a convulsive effort of the diaphragm; an effort as if to cough and vomit at the same time. Pulse frequent, small and hard. 12 o'clock, m. Bleeding, and nauseating doses of tartarised antimony have checked the hemorrhage. Jan. 23d, 1836. She has had another slight attack of hæmoptysis this morning; bleeding has checked it. Feb. 7. Had an attack again this morning. Has had several slight ones since I last saw her. Has a dry cough; pale countenance; frequent and feeble pulse. Hæmoptysis had ceased before my arrival. Prescribed saccharum saturni and opium, *pro re natâ*. Feb. 20th. Since the 7th inst. she has had slight attacks almost every morning. The saccharum saturni produced great irritability of the stomach. I have been obliged to resort again to the lancet, and have bled her on three successive mornings on the accession of the paroxysm. She has escaped yesterday and this morning. Cough still dry; expects to be confined in about four weeks. Dr. Morris called for advice. We have concluded, if the hemorrhage returns, to induce premature labour. March 7th. Confined this evening, giving birth to a healthy male child. Had a slight hæmoptysis during labour, the first since the 18th ult.; labour not severe. 8th. Says that her lungs feel more natural than they have since the first attack. 11th, 10 o'clock P. M. My patient died about an hour since. Am informed that she was taken with acute pain in her side, attended with urgent dyspnœa, this morning, which increased until death. Did not see her while alive. Could not obtain an examination.

Case 6.—May 25, 1836. Mrs. Cotton, aged twenty-eight years; confined to day of her third child. Her eldest aged three years and one month. Informs me, that she had a severe cough during the last six weeks of her first pregnancy, and that it left her at the time of her confinement. About a month since, I bled her, when she stated she had had a violent cough; expectorated a tough viscid mucus, attended with regular daily fever, chills, and sweats, during the two previous months. She however refused to place

herself under professional direction; assigning as a reason, that her symptoms depended on her situation and would probably leave her at its termination. Since that time, her symptoms have continued to increase. She is very much emaciated, and has all the appearance of confirmed phthisis, and is of a phthisical family. Such was Mrs. Cotton's case at the time of confinement. Her system showed but little disposition to react. The disease pursued a downward course without regard to remedies, and she died about two months after delivery.

The above cases suggest the following remarks: 1. They were, with one exception, of phthisical families, and inherited a strong predisposition to the disease;—"a state which," Clark says, "requires very strong exciting causes to determine the deposition of tubercular matter in some organ." 2. In all these cases the different pregnancies followed each other in rapid succession, allowing the system but little time to recover from the exhaustion consequent on the increased exertions of gestation and labour. 3. In three of them, the commencing symptoms of the disease exhibited themselves in several successive pregnancies, and declined during the interval; and in case third, where all the symptoms of fully formed disease were present, and the patient, as far as we can judge from the evidence presented, on the verge of structural change in the lungs, was restored by a spontaneous, though unnatural termination of the state. 4. They generally exhibited an attempt of the system at restoration immediately after confinement; a circumstance of vast importance in deciding upon the artificial termination of the state. As to the treatment of cases of this description, it is based entirely on the decision of the question,—how far pregnancy acts as the exciting cause in each individual case. The experience of all ages, the axioms of all medical science, place the only hope of permanent cure in phthisis, in the early removal of the exciting cause. Every other remedy is but palliative or expectant, and as such unworthy of confidence, where life is the hazard. A belief of this statement induced me to propose the plan adopted in the treatment of case four; and the histories of cases one, two, three, originated that belief. The unsuccessful termination of that case, instead of lessening my confidence, only caused regret that the plan had not been earlier adopted; for had not structural changes taken place at the time premature labour was induced, the effort of the system, so plainly manifested, to bring about a healthy action, might have been successful. And though it may be difficult at all times to determine whether the patient has passed the boundary of possible cure, it will be a safe rule to afford her the best possible chance for life. Rashness, however, is here as every where else to be condemned, and it would be useless and improper to interfere with the progress of a case, where the symptoms afford unequivocal evidence of tubercular softening and ulceration. But it may be objected that the prospect afforded to the mother is an abatement of the child's chance for life; in some cases it will be, in others it will not. The child has undoubted claims to our consideration, but they are not such as can be placed in competition with those of the mother; reason and every feeling of humanity forbid it. The mother's rights are here omnipotent, and no consideration with regard to the unborn child should induce us to jeopard her life.

In the above remarks, my intention has not been to write an essay on the subject under consideration, or to attempt the establishment of any principles with regard to the influence which pregnancy exercises on the phthisical habit, or to lay down the proper treatment of cases similar to those detailed; indeed the facts presented are not sufficiently numerous to warrant either. My intention is to call the minds of the members of the profession, in different parts of the country, to a more strict observation of cases which I believe they are frequently required to witness, but which are suffered to pass unnoticed, from not considering the connection between the state of the system and the disease under which it is labouring; too often viewing as coincidences what are in reality in the relation of cause and effect.

Art. VIII.—ABSORPTION OF A CATARACT IN CONSEQUENCE OF ACUTE OPHTHALMIA.

BY DR. DAVID LUZZATTO.[1]

The following history is not unique. It adds another to the meagre list of cases in which obscurity of the lens has disappeared spontaneously. Professor Brera refers to a similar case as having occurred to Professor Torresini, of Padua.

"Antonio Bottaglarini, at the age of forty-two, observed an imperfection of vision in his right eye, which gradually increased, and was pronounced to be cataract by the most skilful oculists of Padua and Venice. In 1821, they endeavoured to persuade him to submit to an operation, but as he enjoyed the use of his left eye he firmly refused. In 1829, he was attacked with violent ophthalmia in the affected eye, which was treated by Dr. Luzzato by antiphlogistics; and to add to the activity of the absorbents he had frictions made on the eyebrows with an ointment composed of calomel and morphine; and a solution of the extract of belladonna was dropped from time to time on the eye.

"At the end of a month the patient was not only freed from his inflammation, but the opacity of the lens had also disappeared; so that at the age of seventy he had recovered all his visual powers."

Art. IX.—STRICTURE OF THE URETHRA TREATED BY BOUGIES COVERED WITH ALUM.

BY M. JOBERT, SURGEON TO THE HOSPITAL SAINT LOUIS, PARIS.

It is well known that many morbid growths are possessed of a more feeble vitality than the sound parts around them, and that they yield sooner to destructive agents; that this is the case with warts is familiar to every one. In stricture of the urethra, Mr. Whately's method of applying caustic potassa, by means of a small hole made at the extremity of a bougie, was considered by many to be replete with objections, and mainly because it was conceived that the potassa would melt and come in contact with other besides the diseased parts, and produce violent inflammation with all its evil consequences. Experience, however, did not altogether confirm this theoretical view; and it would seem, both from that instance and from the practice of M. Jobert, that the lining membrane of the urethra resists such irritating influences to an extent that could scarcely be imagined.

We take one of the two cases reported from the practice of M. Jobert, at the Hospital Saint Louis, to show his method of management.[2]

"Joseph Augustin Gaery, aged thirty-seven years, contracted blennorrhagia, in 1821, and again in 1830. The first time, the disease continued three or four months, and was accompanied by swelled testicle. It was cured without injection; leaving no trace of its existence. He continued to pass his urine well, until in 1830, when he contracted the second gonorrhœa. This was accompanied by a discharge of blood, followed immediately by difficulty in passing the urine, which gradually increased until he could only evacuate it drop by drop.

[1] Antologia Medica di V. L. Brera. Febrajo, 1834, p. 190; and Dizionario Classico di Medicina. Tom. XIII, p. 123. Venezia, 1833.

[2] La Lancette Française, Mai 1836.

"M. Jobert introduced bougies for the first time, in 1830, by which the canal was dilated a little, and for five or six months he was relieved; at this time the affection recurred several times, and relief was obtained in the same manner.

"About the 15th of December, 1835, the difficulty of passing the urine augmented so that the patient was unable to introduce the bougie, which he had done himself for about three years. One of the surgeons of the capital, who had attended most successfully to diseases of the urinary organs, tried to pass bougies and sounds into the bladder, but ineffectually, and ultimately proposed the operation of cutting down upon the stricture (*La Boutonnière*), which was not performed.

"On the 27th of February, 1836, he entered the Hôpital Saint Louis. The stricture appeared to be in the farthest portion of the bulb. The urine was passed *guttatim*. Several attempts were made to pass bougies into the stricture, but unsuccessfully.

"On the 23d of April, M. Jobert thought of employing calcined alum to attack the stricture. He smeared a bougie with oil, and plunged it into calcined alum. He then introduced the bougie into the urethra. This first essay had no marked effect. The patient felt no pain or smarting; but as the presence of the bougie caused fever, it was withdrawn at the end of six hours. This, by the way, had followed the introduction of the bougies from the time of his entrance into the hospital. On the 24th of March, and the following days, the use of the alum was continued; mixed with oil, he formed a paste, small portions of which were introduced into the urethra by means of the bougie, which was, moreover, covered with it; and each day it was remarked the bougie passed a little further, and the patient passed his urine with more ease.

"On the 27th the patient had fever, caused by the presence of the bougie, which he kept in until 7 o'clock in the evening. During the night the urine flowed, for the first time, in a jet of the size of a goose's quill; and in the morning of the 28th the bougie passed into the bladder."

After detailing a similar case, the operator adds:—

"Our intention in publishing these facts has not been to deduce general laws from them, but merely to deposit them in the annals of the science. We shall content ourselves this time with the narration of the results without entering into greater detail. Should they be followed by all the success of which they permit the hope, surgery will be indebted to M. Jobert for a new conquest, which will admit of the substitution of a prompt and innocent [?] means in the treatment of stricture of the urethra, for agencies that are not without their inconvenience. It will be necessary, however, to study carefully the action of the alum on the canal of the urethra, and to examine in what kind of stricture it is most useful."

Art. X.—SUCCESSFUL CÆSAREAN OPERATION.

This operation has lately been performed with happy results, by Mr. J. B. Knowles, of the Birmingham School of Medicine.[1]

On examining the female, *per vaginam*, a most extraordinary state of deformity presented itself; the sacrum with the lower lumbar vertebræ projecting, and at the same time descending so far into the cavity of the pelvis as to occupy a large portion of its space. This projecting body was also rounded in shape in a most remarkable manner; so that without a somewhat

[1] The Transactions of the Provincial Medical and Surgical Association. Vol. iv. p. 376. London, 1836.

careful examination, it might easily have been mistaken for the child's head. Upon passing the finger, however, between it and the hollow of the sacrum, a perfect continuity of surface might be traced from one to the other; thus showing at once the actual nature of the case. The capacity of the pelvis was still further diminished by the ossa pubis, which were bent inwards to such a degree as to approach very nearly to the distorted vertebræ.

Under this state of deformity, it was determined that the cæsarean operation should be performed; which was done about thirty hours after the commencement of labour. "The external incision, which was made through the linea alba, passed immediately on the left of the umbilicus, and was about ten inches in length. A portion of intestine immediately protruded, which was carefully kept back by an assistant. The incision into the uterus was commenced near its fundus, by passing the scalpel carefully through its parietes, (which were about an inch in thickness,) so as to allow the admission of two fingers. Using my fingers as a director, I rapidly enlarged the opening, by which the placenta was exposed, accompanied by a brisk hemorrhage. Passing my hand by the side of the placenta, I ruptured the membranes; and, without difficulty, took out the child, which was living. The placenta was then detached; some coagula were removed; the uterus contracted; and the hemorrhage (which probably did not exceed sixteen ounces,) was immediately arrested. The external integuments were brought together by stitches, which were inserted at somewhat more than an inch apart; adhesive straps were applied in the intervals, and the whole was secured by a compress and bandage."

The patient was for some time troubled by a tympanitic condition of the bowels, which was relieved by injections; and by pain, which was allayed by opiates; for some time there was no disposition to cicatrisation, owing partly to the difficulty of keeping the lips of the wound in apposition, arising from the abdominal distension; the child was often put to the breast to induce contraction of the uterus; a serous discharge escaped from the cavity of the abdomen; but on the tenth day from the operation it ceased, and was succeeded by a discharge of a decidedly purulent character; the wound gradually filled up with granulations, and in about a month was perfectly healed.

Art. XI.—ANNAN'S METHOD OF TREATING PROLAPSUS UTERI.

We are glad to observe, by the following article from a recent French periodical,[1] that the method proposed by Dr. Annan, of Baltimore, for relieving persons affected with prolapsus uteri,[2] is attracting attention on the other side of the Atlantic, where it can be extensively subjected to the test of experiment.

"Until recent times prolapsus uteri was never treated in our hospitals or in private, except by palliative means. Pessaries, of different shapes and kinds, were the most energetic agents which the surgeon used against this infirmity. Experience having, however, exhibited serious inconvenience from their use, they have been abandoned by many observing practitioners, who have contented themselves with prescribing, in their stead, long continued

[1] La Lancette Française. November, 1836.
[2] The American Journal of the Medical Sciences, for August, 1836. p. 334.

confinement to the horizontal posture, and the use of the cold bath in summer.

"Every pessary, in fact, whatever may be its value in other respects, must enlarge the vagina; and the discharge which it occasions relaxes so much the tissues of the canal, that the womb no longer finds support in the pelvis. The chief support of the uterus is the vagina, which, in its healthy condition, performs the office of a hollow column on which the uterus rests; and the vagina itself is strengthened by the resistance of the perineal floor, which it traverses. When, consequently, all these parts are relaxed, (and they are so in the descent in question,) the use of the pessary can only act in the same way as the cause of the infirmity.

"By prescribing rest on the bed, and applications appropriate to the varying condition of the parts, M. Lisfranc, and other practitioners, have succeeded in ameliorating the condition of the female, by inducing tonicity in the perineal paries and in the vulvo-uterine canal. In certain hospitals, however, and in consultations at the *Bureau Central*, the routine use of pessaries has not been abandoned.

"Such was the practice pursued in the hospitals until recently, when the idea of diminishing, and even of obliterating, artificially, the vagina, suggested itself. This suggestion hit exactly on the indication which we have just described. Although, however, some success was obtained abroad by the method in question, the trials made in the Parisian hospitals were far from being encouraging. Some at first hastened to proclaim cures as real, which afterwards appeared to be ephemeral. Communications were sent to the 'Académie,' and notices and articles to the journals; a few months were, however, enough to assign to the plan its just value. At the present day it is no longer spoken of, except as we speak of the total removal of the uterus. We may cite a single fact; the subject of which is still under the eyes of some *eléves*.

"In No. 1, of the ward Saint Jean, in the Hôtel-Dieu, lies Angelica Dantos, aged fifty years, labouring under complete procidentia of the uterus, and inversion of the vagina. These two organs form a tumour between the thighs of the size of the head of a child at the full period; ulcerated in several parts, and continually moistened by a fetid discharge. She has been for several months in the hospital. In the course of the month of August last, M. Roux, after having reduced the protrusion, closed the vulva by suture; the operation was very painful, and unhappily of no advantage; for union did not take place, and the organs were displaced as before. The same thing happened in the case of another female, who was operated on very recently in Paris by M. Fricke, and of which an account has been given in the pages of this journal.

"The want of success from the operation, or rather the difficulty of uniting the tissues of the vulva, appears to be owing to circumstances connected with their organisation which it is useless to develope here. A foreign physician has pursued another plan, by artificially contracting the vagina, and, it appears, with success. M. Bellini, surgeon at Ferrara, inserted in one side of the inverted vagina a succession of stitches, describing a sort of inverted U, and of the shape of a groove. By drawing together the ends of this groove, he gradually strangulated the corresponding portions of the mucous and proper membrane of the vagina; the mortification and falling off of this portion of the canal occasioned contraction of the vagina, and consequently the cure of the prolapsus. Facts, however, are yet wanting to judge correctly of this plan; and especially to appreciate the symptoms that may be induced by such a procedure.

"From all this, the majority of practitioners would probably be disposed to recur to the use of pessaries. We repeat, that these instruments, whatever may be their shape and composition, contribute to dilate and relax the vagina, and therefore to augment the prolapsus. Their use, moreover, excites profuse leucorrhœa, which debilitates the female, and they ulcerate the tissues with which they are placed in connection, &c.

"The invention of Dr. Annan, of America, arrives seasonably amongst us. He treats the infirmity by permanent compression of the perineal floor, and the posterior commissure of the vulva; and, in the long run, a radical cure has been effected. He employs an instrument similar to a hernial bandage. It is composed of a circular spring, which embraces the pelvis like the truss; anteriorly towards the pelvis, it has a curved descending spring, at the extremity of which there is a pad, which is applied to the perineum. This spring should be curved considerably in order that it may not come in contact with, and rub the vulva. The pad ought to be well stuffed and somewhat thick. It makes the desired compression by means of a screw attached to it.

"The apparatus is only used like the hernial bandage,—that is, during the day.

"From the observations of Dr. Annan, this compression prevents the uterus from again descending, in consequence of the support it affords to the vagina and the perineal paries. The parts ultimately become strengthened, and the vagina contracts, especially if appropriate lotions be used at the same time. In favour of this new method there are as yet but few facts, but those have been fortunate, and are encouraging. The principles upon which it is based appear so rational, simple, and withal so innocent, that we consider it a duty to advise our professional brethren to try it, and to publish the results."

Art. XII—ON BLENNORRHAGIC ORCHITIS, (HERNIA HUMERALIS).

In a recent French journal,[1] a note from M. Rochoux is published, which was read to the Académie de Médecine. The note was suggested by a fact communicated to the Academy by M. Ricord. This fact was the sixth, to the knowledge of M. Rochoux, in which inspection after death confirmed an opinion expressed by him in a journal in 1833,[2] that *blennorrhagic orchitis* is not caused by the tumefaction of the testicle, as generally believed, but by an effusion into the tunica vaginalis,—itself a consequence of inflammation of that membrane.

M. Rochoux is of opinion that this view originated with him; and he says in his letter, that M. Marc Moreau has embraced it, and that MM. Velpeau, Bérard and Forget adopted it, but with considerable restrictions.

M. Velpeau, who was present at the meeting, stated that it is true the testicle is less swelled in the disease than was believed; and that there is an effusion into the interior of the tunica vaginalis; but it is slight, and does not constitute the disease. "I have endeavoured," he said, "to verify the theory of M. Rochoux as to its nature, and I can affirm, that of forty or fifty cases that have recently passed under my observation, in half, at least, the effusion of serum did not constitute a quarter of the size of the tumour; on the contrary the testicle formed more than half of it. The mode in which I satisfied myself of the fact was as follows: The tumefaction, it is well known, takes place very rapidly. It is an affair of four or five days. If the testicle be then raised, the weight is found to be greater than it ought to be if the tumour were nothing more than a collection of serous fluid. In the second place, the eye discovers no transparency; and if the epydidymis be examined behind, the touch discovers that that organ has much to do with the bulk of the tumour."

[1] Journal Hebdomadaire, &c. November, 1836.
[2] Archiv. Général. de Médec. Mai, 1833. p. 51 et seq.

To this M. Rochoux replied, that a principal proof in favour of his view was inspection after death; that he had proved on six bodies, that the orchitis was formed almost exclusively by the effusion of a sero-purulent fluid between the two layers of the tunica vaginalis. To this he thought there could be no reply. As to the absence of transparency, he remarked, that inflamed membranes did not readily admit the passage of luminous rays; and lastly, a little practice enabled fluctuation to be felt distinctly.

M. Blandin thought the condition of the organs was different according to the time at which they were examined. At the commencement, the inflammation descends from the urethra by the vasa deferentia to the epididymis and testicle. There exist, in fact, two tumours,—the upper formed by the epididymis; the lower by the testicle. So that, at first, the epididymis and testicle form the greatest part of the tumour; but in the progress of the disease, and as resolution approaches, the effusion into the tunica vaginalis may be the principal element.

Art. XIII.—EXPERIMENTS ON THE WEIGHT, HEIGHT, AND STRENGTH OF ABOVE EIGHT HUNDRED INDIVIDUALS.

BY JAMES D. FORBES, ESQ.[1]

Professor of Natural Philosophy in the University of Edinburgh.

The experiments of M. Quetelet,[2] of Brussels, suggested to Professor Forbes to obtain the measure of physical development as to the weight, height, and strength of natives of Scotland, between the ages of fourteen and twenty-five—students in the university.

For the measure of strength, Regnier's Dynamometer was used.

Both the experiments of Professor Forbes, and those of Quetelet,—on whose authority the column of "Belgians" in the following tables is given—were made upon persons in the better ranks of life,—in both cases upon persons having the benefit of academical instruction.

The number of persons examined by Professor Forbes in the two winters of 1834–5 and 1835–6 was thus divided: Scotsmen, 523; Englishmen, 178; Irishmen, 72; from the colonies, &c., 56;—total, 829. And he was careful to obtain a fair average of persons of all degrees of height and strength.

Weights in pounds (including clothes).

Age.	English.	Scots.	Irish.	Belgians.
15	114.5	112	—	102
16	127	125.5	129	117.5
17	133.5	133.5	136	127
18	138	139	141.5	134
19	141	143	145.5	139.5
20	144	146.5	148	143
21	146	148.5	151	145.5
22	147.5	150	153	147
23	149	151	154	148.5
24	150	152	155	149.5
25	151	152.5	155	150

[1] The London and Edinburgh Philosophical Magazine, for March, 1837; p. 197.

[2] Sur l'Homme et le developpement de ses Facultés; ou Essai de Physique Sociale. Paris, 1835.

Height in inches. Full dimensions (with shoes.)

Age.	English.	Scots.	Irish.	Belgians.
15	64.4	64.7	—	61.8
16	66.5	66.8	—	64.2
17	67.5	67.9	—	66.1
18	68.1	68.5	68.7	67.2
19	68.5	68.9	69.4	67.7
20	68.7	69.1	69.8	67.9
21	68.8	69.2	70.0	68.0
22	68.9	69.2	70.1	68.1
23	68.9	69.3	70.2	68.2
24	68.9	69.3	70.2	68.2
25	68.9	69.3	70.2	68.3

Strength in pounds.

Age.	English.	Scots.	Irish.	Belgians.
15	—	280	—	204
16	336	314	—	236
17	352	340	369	260
18	364	360	389	280
19	378	378	404	296
20	385	392	416	310
21	392	402	423	322
22	397	410	427	330
23	401	417	430	335
24	402	421	431	337
25	403	423	432	339

BIBLIOGRAPHICAL NOTICES.

Fletcher's Physiology.[1]

The author of these "Rudiments," who has been prematurely lost to science, was an eminent lecturer on physiology and medical jurisprudence in Edinburgh. In the first part we have a section "on the unity of organic structure of animals," which conveys the leading ideas of the philosophical or transcendental anatomists in a concise yet perspicuous manner. This part is elucidated by numerous outline engravings.

The subjects comprised in the parts before us are as follows: Part I. contains, besides an introduction, four chapters; 1, on the form and classification of organised beings; 2, on the aggregation of organised beings; 3, on the substance of organised beings; and 4, on the composition of organised beings. Part II. *a*, contains, besides an introduction, five chapters; 1, on the functions of organised beings and their arrangement; 2, on the nature of life; 3, on irritability or vitality, regarded as a property of the organised solids; 4, on the immediate seat of irritability; and 5, on the direct stimuli to irritability. Part II. *b*, is a continuation of the last; chap. 6, on the indirect stimuli to irritability; 7, on the efficient cause of muscular motion; and 8, on the various modifications of irritation. Part III. would appear as soon as possible.

[1] Rudiments of Physiology, in three parts. Part I. On Organism. Part II. On Life as manifestated in Irritation. Part III. On Life as manifested in Sensation and in Thought. By John Fletcher, M. D., F. R. C. S. E. Lecturer on Physiology and on Medical Jurisprudence. 8vo. Part I. pp. 155. Part II. *a*, pp. 130. Part II. *b*, pp. 146. Edinburgh, 1835—6.

The author gives ample evidence of his having been a man of extensive knowledge, and great reflection.

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Sewall's Lectures on Phrenology.[1]

Two valuable lectures on a topic which, although much has been made on both sides, has by no means lost its interest with the profession or the public, whilst it is often used as a means for gulling the latter. No one who reads Dr. Sewall's book, will, we think, be disposed to place much faith in the dicta of the itinerant craniologist. It is conceived in the true spirit, and conveyed in the language of science. The *first* lecture consists of an exposition of the history and nature of phrenology; the *second* examines the positions on which it reposes. Dr. Sewall enquires: I. How far phrenology is sustained by the structure and organisation of the brain. II. How far facts justify the opinion that there is an established relation between the volume of the brain and the powers of the mind. III. How far it is possible to ascertain the volume of the brain in the living subject by measurement or observation. IV. How far it is possible to ascertain the relative degrees of development of the different parts of the brain by the examination of the living head. V. He notices a few facts which have been used in support of phrenology, and concludes with some general remarks.

From the pages that investigate the third position, we extract the following observations:—

"In order to render this part of the investigation the more satisfactory and conclusive, I have instituted a series of experiments, to ascertain the exact amount of brain in the skull, compared with its external dimensions. These experiments were made under the immediate inspection and by the assistance of Dr. Thomas P. Jones of this city, and Professor William Ruggles of the Columbian College; gentlemen whose high scientific character ensures the utmost accuracy in the results. I am much indebted to these gentlemen for the aid they have afforded me. In the first series of experiments was ascertained the volume of each skull the brain included. In the second series, the volume of the brain alone, or the capacity of the cerebral cavity.

"Then in order to render the difference in capacity more obvious, the volume of each skull, the brain included, was reduced to the dimensions of seventy fluid ounces.

"This table shows the results of these experiments, as extended to five of the skulls delineated in the plates.

	vol. skull, br. included.	vol. brain.
Pl. II.	70 *oz.*	56.22 *oz.*
III.	"	51.72
IV.	"	46.21
V.	"	34.79
VII.	"	25.33

"In five skulls, therefore, of the same external dimensions, we have a difference in the amount of brain between

II. and III.	of	4.50 *oz.*
II. " IV.	"	10.01
II. " V.	"	21.43
II. " VII.	"	31.89

[1] An Examination of Phrenology, in two lectures, delivered to the Students of Columbian College, District of Columbia, February, 1837. By Thomas Sewall, M. D., Professor of Anatomy and Physiology. Published by request. 8vo. pp. 70; with eight lithographs. Washington City, 1837.

"In this computation we have a difference in the volume of brain, contained in two skulls of the same external dimensions, of 31.89; something more than one half. These experiments have been extended to a great variety of crania, not here delineated; which confirm the above estimate, and show that the external dimensions of the skull furnish no indication of the amount of brain.

"I hold it then to be clearly established, that no phrenologist, however experienced, can, by an inspection of the living head, ascertain whether an individual has a skull of one inch, or one eighth of an inch in thickness; nor whether he has 56.22 ounces of brain in volume, or only 25.33 ounces.

"With the result of these experiments before you, gentlemen, I leave you to estimate the value of phrenology as a practical science, in determining the powers of the human intellect."

The lithographs exhibit the organs laid down by the phrenologists, sections of skulls to exhibit their varying thickness, &c. &c.

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Lepelletier, on the Employment of large doses of Tartarised Antimony in disease, especially in Pneumonia and Rheumatism.[1]

This work is divided into three parts. The *first* contains the history of the opinions of authors as to the sedative or contra-stimulant properties of tartarised antimony; the *second* comprises "pathological facts," including experiments with that agent on man and animals, with cases of pneumonia and rheumatism treated by it; and the *third* comprises the therapeutical inductions.

We translate, from the last, the two corollaries at which the author arrives, after a most elaborate—needlessly elaborate—enquiry. They will show, in a forcible manner, how much of doubt rests upon his mind regarding the beneficial agency of this "contra-stimulant."

"*The tartarised antimony, in a high dose, employed in the treatment of pneumonia*, may offer advantageous results, by limiting its administration in the manner we have mentioned, and regulating with circumspection and prudence the varied modes of its therapeutical applications.

"The tartarised antimony, in a high dose, employed in the treatment of rheumatism, has hitherto only presented *results* whose efficiency may be contested, but which must not yet be definitively judged, science having need of other facts before pronouncing irrevocably on this question of the future."—p. 224.

In the "Medical Clinics," of Bricheteau, which is translated for and will soon appear in the "Library," this topic will be found expatiated upon.

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Hartmann's General Therapeutics.[2]

This small volume contains an abstract of the lectures on "General Therapeutics," by Hartmann,—one of the great names of Germany. It is divided into two parts,—one *general*, the other *special*. The former treats of curative methods in general, by the efforts of nature as well as of art; the prophylactic or preventive; radical and palliative cures, &c. The latter

[1] De l'emploi du tartre stibié a haute dose dans le traitement des maladies en général, dans celui de la pneumonie et du rhumatisme en particulier. Par Alm. Lepelletier, de la Sarthe, &c. &c. 8vo. pp. 224. London, 1835.

[2] Dr. Phil. Carl Hartmann's weiland, k. k. ö. Professors der Medicin an der Universität zu Wien, Allgemeine Therapie. Nach seinen öffentlichen Vorlesungen. Herausgegeben von einem praktischen Arzte. Aus dem Lateinischen. 8vo. pp. 100. Leipzig, 1835.

considers the modes of cure according to classes. These Hartmann divides into, A. *The evacuant method;* which he subdivides into, 1, that by blood-letting; 2, the emetic; 3, the cathartic; 4, the diuretic; and 5, the diaphoretic. B. *The resolvent method.* C. *The restorative or nutritive method.* D. *The tonic method.* E. *The excitant or stimulant method*; which he subdivides into, 1, the fugitive or diffusible stimulating; and 2, the more permanent. And F. *The sedative method;* which he subdivides into, 1, the anodyne; 2, the antiphlogistic or refrigerant; and 3, the emollient.

The whole production is brief and unsatisfactory; not, indeed, meriting the consideration of being more than a syllabus.

Presence of Lead in Orange-flower Water. By Mr. P. Squire.[1]—Mr. Squire, of London, has detected lead in the imported orange-flower water. If the iodide of potassium be added to a sophisticated solution, it gives a yellow turbid appearance. The lead may be got rid of by immersing a piece of zinc wire, and ascertaining the removal of the lead by testing from time to time.

Orange-flower water deposits, at times, a brown sediment, which is lead. This precipitate, as well as the lead in solution, is noticed by Dr. Christison in the last edition of his "Treatise on Poisons," 1836. p. 507.

Leech Trade.—France, Hungary, and Germany it would seem, are nearly exhausted of leeches, and the trade is now supplied from Wallachia and Moldavia. Depots are established at Bucharest, whence they are conveyed to France in the post-carts. In 1825, France exported more than a million; and now, she is obliged to import.[2]

"Is this," says the editor of the Medico-Chirurgical Review, "the effect of the *doctrine physiologique?* What a triumph to Broussais is this. He has created in France a new commerce, and, as is the case with all conquerors, his glory is at the expense of blood. Here is another subject for the pen of the '*Conquêtes des Français.*'"

On the Calagirah or Calageri of India. By M. Virey.[3]—This is a very small black seed, of a slightly aromatic odour, containing volatile oil. The plant, whence it is obtained, and which has a great reputation for medicinal virtues in the East Indies, is the *vernonia anthelmintica* of Willdenow; the *ascaricida anthelmintica* of Cassini. It has been figured by Van Rheede, in the "Hortus Malabaricus," tom. ii. 29, plate 24; by Burmann in his "Thesaurus Zeylanicus," p. 21, tab. xcv.; and described by Vaillant in Mémoir. Acad. Scienc. Paris, an 1719.

The plant itself has been recommended in decoction internally in the gout; externally, in the way of fomentation, in rheumatism. The seeds in powder are regarded as the best vermifuge in case of ascarides, and lumbrici of children. As it is much less disagreeable to take than the *semen contra*, which, by the way, are never employed on this side the Atlantic, M. Virey thinks it ought to take the place of the latter, especially as it can be naturalised in the gardens. It requires, however, protection from the cold, like the plants of the orangery.

[1] British Annals of Medicine, No. 1, p. 15.
[2] Medico-Chirurgical Review, for Jan. 1837, p. 288.
[3] Journal de Pharmacie, Nov. 1836.

On Centenarians. By Sir Francis d'Ivernois.[1]—It would appear from the "Analysis" of the author, that centenarians are not common in his parish; he therefore throws doubts on the registers of other places. He especially discredits the census of the United States on this point. There is, doubtless, much liability to error, especially where there is a slave population—as in our own case—most of whom are entirely ignorant of their ages. In the census they are signalised for their longevity. Sir Francis quotes a remark of Mr. Rickman—who was appointed by the British parliament to digest the census of England and Wales—that "the proportion of existing centenarians is no valid indication of natural health or longevity;" a result at which we had arrived from an impartial examination of the censuses of various countries.

Deformity of the Pelvis.—Professor Nägele, of Heidelberg, has presented to Dr. Montgomery, of Dublin, a cast of the pelvis of a woman, who was perfectly well formed, and gave birth to five full grown healthy children with the greatest facility; but, being unfortunately attacked with malacosteon, and becoming again pregnant, at the close of gestation the pelvis was found so contracted as to leave no possibility of delivery except by the cæsarean section, from the effects of which the woman died, and the pelvis was found to present the greatest degree of contraction that has perhaps been witnessed.

In the dry preparation, the distance between the promontory of the sacrum and the ramus of the pubis is scarcely a quarter of an inch, so that when covered by the soft parts, these points must have been in contact. The greatest antero-posterior diameter at either side is only an inch and a quarter, and during life could not have exceeded an inch; the sacrum is bent in, so as to form a right angle, and the ilia are folded or doubled in upon themselves like softened pasteboard. Professor Nägele regards it as the most perfect specimen of contraction of the kind which has ever been made known to the profession.[2]

Professor Warner.—We observe that Professor Warner is about to leave the chair, which he has ably filled for the last few years in the University of Virginia. The situation is most desirable for one who is competent to the discharge of its duties, and who is, at the same time, attached to literary pursuits.

The editor of the "Boston Medical and Surgical Journal" asks what has become of the Medical School of the University of Virginia? It has never been in a more flourishing condition; the number in attendance this session, as far as we recollect, is sixty.

BOOKS RECEIVED.

The Principles and Practice of Surgery, founded on the most extensive hospital and private practice, during a period of nearly fifty years; with numerous plates, illustrative both of healthy and diseased structure. By

[1] Extract from the Analysis of the Registers of the *Vaudoise* Parish of Montreux, for the three years 1832, 1833, and 1834. In Annales d'Hygiène Publique, for April, 1836.

[2] Dublin Journal, for January, 1837, p. 432.

Sir Astley Cooper, Bart., F. R. S., Sergeant Surgeon to the King, formerly Lecturer on Anatomy and Surgery at Guy's and St. Thomas's Hospitals; now Consulting Surgeon to Guy's. Edited by Alexander Lee, M. D., Editor and Translator of Celsus de Medicina, &c. 8vo, pp. 490, (with fifteen plates). London, 1836.

Rudiments of Physiology, in three parts, &c. &c. By John Fletcher, M. D., F. R. C. S. E., Lecturer on Physiology and Medical Jurisprudence. 8vo. Part I. pp. 155. Part II. *a*, pp. 130. Part II. *b*, pp. 146. Edinburgh, 1835—6.

A Practical Treatise on Midwifery, containing the result of 16654 births, occurring in the Dublin Lying-in Hospital during a period of seven years, commencing Nov. 1826. By Robert Collins, M. D., late Master of the Institution. 8vo, pp. 526. London, 1835.

A Treatise on the Chemical, Medicinal, and Physiological Properties of Creosote, illustrated by experiments on the lower animals; with some considerations on the embalmment of the Egyptians. Being the Harveian prize dissertation for 1836. By John Rose Cormack, Member of the Royal Medical and Royal Physical Societies of Edinburgh, (with a motto). 8vo, pp. 154. Edinburgh, 1836.

Essay on the Disorders incident to Literary Men; and on the best means of preserving their health. Read before the Royal Society of Literature, Nov. 5, 1834; and dedicated, by permission, to the Lord Bishop of Salisbury. By W. Newnham, Esq., M. R. S. L. 8vo, pp. 36. London, 1836.

Dr. Phil. Carl Hartmann's, weiland, k. k. ö., Professors der Medicin an der Universität zu Wien, Allgemeine Therapie. Nach seinen Vorlesungen. Herausgegeben von einem praktischen ärzte. Aus dem Lateinischen. 8vo, pp. 100. Leipzig, 1835, pp. 232. Frankfurt am Main, 1835.

From the Author.—An Examination of Phrenology; in two lectures, delivered to the students of the Columbian College, District of Columbia, Feb. 1837. By Thomas Sewall, M. D., Professor of Anatomy and Physiology. Published by request. Eight lithographs. 8vo, pp. 70. Washington City, 1837.

From Dr. T. R. Beck, of Albany.—Reports of Dr. John Torrey, Dr. James E. De Kay, Dr. Lewis C. Beck, Mr. William W. Mather, Prof. E. Emmons, T. A. Conrad, and Lardner Vanuxem, relative to the geological survey of the state of New York, (in acts of assembly). pp. 212.

From Dr. Forbes—of the "British and Foreign Medical Review"—the six following works:—

De l'Emploi du Tartre Stibié a haute dose dans le Traitement des Maladies en général, dans celui de la Pneumonie et du Rhumatisme en particulier. Par Alm. Lepelletier, de la Sarthe, Professor de Pathologie et de Physiologie, Membre de l'Académie Royale de Médecine, &c. 8vo, pp. 224. Paris, 1835.

Natur und Kunst in Heilung der Krankheiten. Ein Leitfaden für angehende Aerzte. Von Dr. Johann Jacob Günther, Königl. preussischen und herzogl. naussauischem medicinalrathe, u. s. w. 24mo, pp. 232. Frankfurt am Main, 1834.

De Dilatatione Ventriculi Dissertatio inauguralis quam, &c. &c., publice defendet aûctor Gualtherus Joa. Fackeldley, Rhenanus. 8vo, pp. 32. Berolini, 1835.

De Ossium Genesi, Structura et Vita. Dissertatio inauguralis anatomico-physiologica, &c. &c., palam defensurus est auctor Fredericus Miescher, Bernensis, &c. &c. 4to, pp. 75, cum tabulis. Berol. 1836.

De Lapidis infernalis usu externo in Ambustionibus. Commentatio medico-chirurgica quam publico eruditorum examini submittit Dr. R. Cæsar Herzfeld. 8vo, pp. 43. Hamburg, 1835.

Relatorio dos Trabalhos da Sociedade de Medicina do Rio Janeiro, &c. primeiro Anniversario de sua solemne Installaçaõ, pelo Dr. Luiz Vicente De Simoni, Secretario da dita Sociedade. 8vo, pp. 41. Rio de Janeiro, 1831.